CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 207

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — January 21, 1972

TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

Derrill Trook — RFD #8

LICENSEE OR PERMITTEE — ADDRESS

T9N; R7E; Section 22; Block 4; Lot 7; Clarnden Hills Addition

NAME OF ESTABLISHMENT, IF ANY — ADDRESS

REMARKS: Non-Transferable

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
624-10.15153	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM HD-32(67) APPLICATION FOR PERMIT TO CONSTRUCT INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. _____

DATE: July 21, 1971

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with Lincoln City Ordinance No. 9150, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 9N; Range 7E; Section 22;
Block 4; Lot 7; Addition _____;
Street Address Chandon Hills

2. Property Use: Residential _____ [X]; Commercial _____ [ ]
No. of Bed Rooms 3
Describe: _____

Other Use _____ [ ]
Describe: _____

3. Type of Individual Sewage Disposal System: Septic Tank [X]; Other [ ]

4. Plans and Specifications of Proposed System. (See FORM HD-32a(67) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-33(67) SOIL ABSORPTION TEST DATA REPORT, attached hereto.)

Derrill Trook
Signature of Applicant (owner or lessee)

RFD 8
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 30.00

2. Date Site Clearance _____

3. Site Visits:
Date: 9/8/71 by: L.C.H
Date: _____ by: _____
Date: _____ by: _____

4. Date: Approved [X]; Disapproved [ ]: 7/21/71
by: Jerrold C. Hood

5. BUREAU OF LICENSES & PERMITS
Date Notified: _____
Date Issued: _____ Serial _____

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 9/8/71 by: Jerrold C. Hood

FORM HD-30(67) REQUEST FOR SITE CLEARANCE FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. _____

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with Lincoln City Ordinance No. 9150, as described herein:

1. Legal description of property: Twp. 9N; Range 7E; Section 22;
Block 4; Lot 7; Addition _____;
Street Address Clarendon Hills.

2. Property Use: Residential _____ ☒; Commercial _____ ☐
No. of Bedrooms 3. Describe: _____

Other Use _____ ☐
Describe: _____

3. Type of Individual Sewage Disposal System: Septic Tank ☒; Other ☐

4. Distance to public sewer: _____ ft.

Darrill Trook
Signature of Applicant (owner or lessee)

RFD 8
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 7/21/71. ACTION: Approved ☒ Disapproved ☐
Date Frwd. 7/21/71. Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 7/21/71. ACTION: Approved ☒ Disapproved ☐
Date Frwd. 7/21/71. Signature: Charles Seale By RG

3 Dep City Engineer: Date Rec'd. 7-21-71. ACTION: Approved ☒ Disapproved ☐
Date Frwd. 7-21-71. Signature: J. F. Blessing

REMARKS OR REASONS FOR DISAPPROVAL _____

FINAL ACTION ON SITE CLEARANCE: Approved ☐ Disapproved ☐

Date Applicant Notified: _____ Signature _____

FORM HD-33(67) SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 432-7611)

FILE NO. _____

PROPERTY WHERE SOIL TESTED:
Location: Township 9N Sec 22
Section & ¼ Sect. SW Rocky
Property Dimensions: ___ ft. x ___ ft.
Area: _____ acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: Derrill Trook
Address RFD 8

Dates of Tests: July 19 to July 20. Weather: Precip. Rain Temp. 80 F.

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings					Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Water Level (in.)	Time (Hr. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	40	July 19		July 20		July 20	8:40		9:40			2½	
2	"	"		"		"	"		"			3	
3	"	"		"		"	"		"			1¾	
4	"	"		"		"	"		"			2	
5	"	"		"		"	"		"			1½	
6	"	"		"		"	"		"			1	

Sum of Percolation Rates _____
Average of Rates: _____
Mean of Rates: _____

Roger D. Daily
Signature of Person Conducting Test

Address R. 4131 LL, F Wood Dr
Phone: 489-5482

1 every 32 min

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 32 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: July 21, 1971

Jerrold C. Hood
Signature of Reviewing Official

FORM HD-32a(67) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM
(Annex to Application)
Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. _____

SPECIFICATIONS

DATE: _____

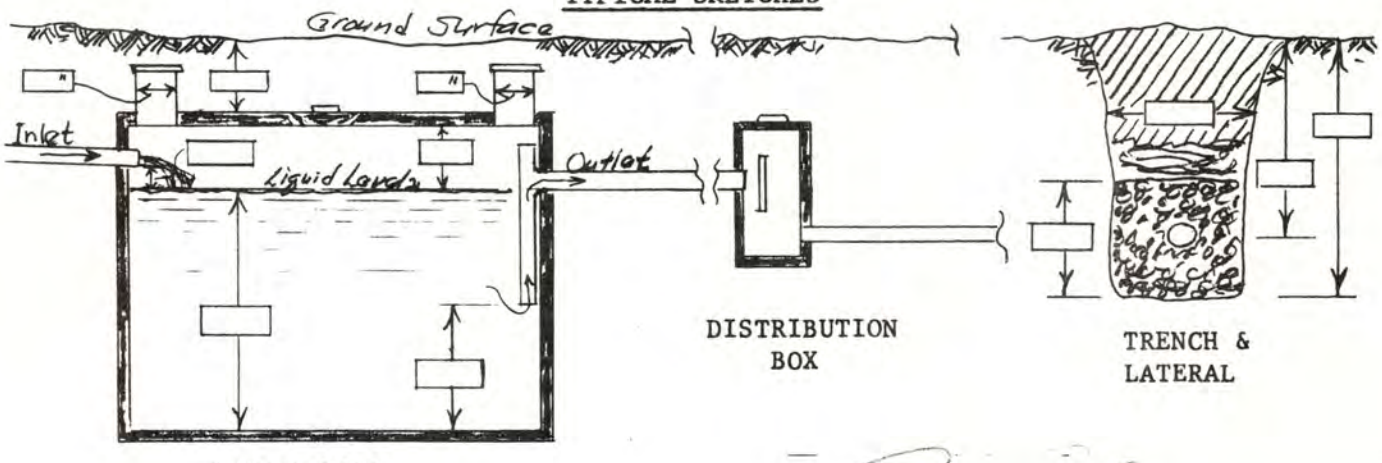
A. BUILDING SEWER: REPLACED 11/5/01
1. Material PLASTIC; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor 16 in.
3. Distance between dwelling and septic tank 70 ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ___ ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line ___ ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 50 in.
3. Factory Built: Yes ☒ (Company ~~PRE CAST~~ CORRIGATED STEEL)
No ☐
4. Manholes: Over Inlet; diam. 12 in. ~~FIBERGLASS~~ REPLACED CONCRETE 11/5/01
Over Outlet; diam. ___ in.
Below Grade 2' in.
5. Inlet: Baffle ☐; or Tee ☒
6. Outlet: Baffle ☐; or Tee ☐
Depth of outlet below inlet ___ in.
7. Depth of top of tank below finished grade 24 in.
8. Distances To:
Well or Suction Line ___ ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line ___ ft.

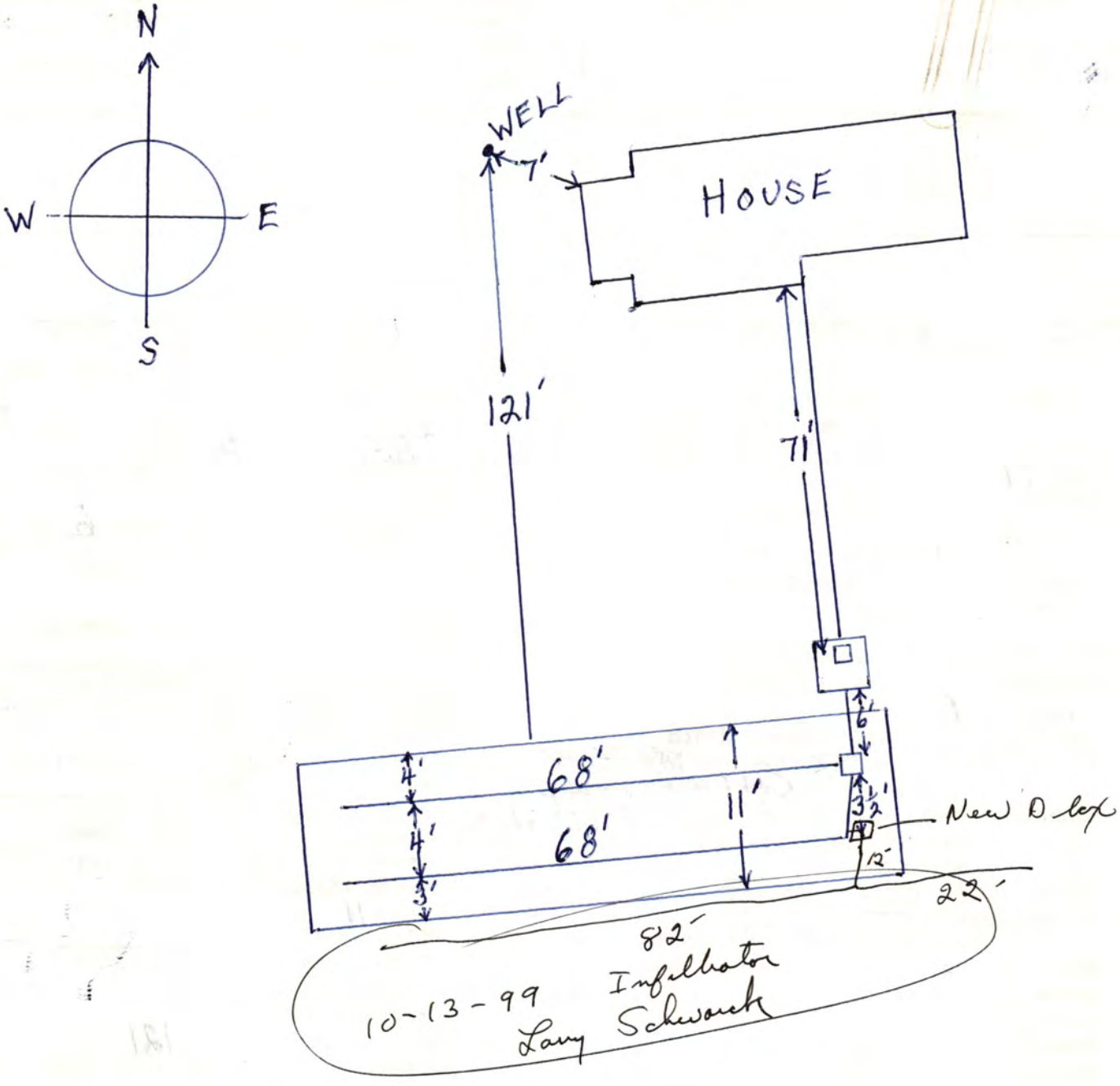
C. DISTRIBUTION BOX REPLACED 11/5/01
1. Material _____; No. available outlets 5.
2. Factory Built: Yes ☒, (Company PRE-CAST STEP) No ☐
3. Dimension: Length ___ in.; Width ___ in. Depth ___ in.
4. Distance from Septic Tank 6 ft.
5. Serial Distribution: Yes ☐, No ☒
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: HALF ROUND
2. Lateral Lines: Depth below grade ___ in.
Number 2; Length of each line 68 ft
Total length of Laterals 194 ft.;
Slope 6 in/100 ft. Diameter of pipe 16 in.; Shape SL
Material: concrete ☐; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines 7 ft.
3. Trench Dimensions: Depth 4' in.; Width 4' in.
4. Filter Material: GRAVEL.
Depth of material from trench bottom 16 in.
5. Distances To:
Well or Suction Line 121 ft.;
Stream _____ ft.; Pressure Line ___ ft.
Property Line ___ ft.
6. Percolation Rate: _____ minutes/inch

TYPICAL SKETCHES



Signature of Applicant


N
W
E
S
WELL
7'
HOUSE
121'
71'
6'
4'
68'
11'
3½'
New D box
4'
68'
3'
12'
22'
82'
Infiltrator
10-13-99
Larry Schwoerk